

Major. (G. W.)

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Ventricles.

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MONTREAL, CANADA.

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PROLAPSE OF THE LARYNGEAL VENTRICLES.*

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PROLAPSE of the laryngeal ventricles, though of somewhat rare occurrence, is much more frequently met with than eversion. It may be as well here to insist upon the need of discriminating between these two conditions, and thus avoid misconception. In deciding upon the term to be applied to a given case, we are of necessity influenced by the extent of displacement. If we were, however, to more carefully consider whether eversion, in its literal sense, were present, we should no doubt be more accurate in our observations. In other words, prolapse does exist without eversion of the sacculus, while eversion can not occur without prolapse having been a factor for some period, however brief, in its development. On the other hand, prolapse may vary very much in degree, from merely filling the laryngeal orifice of the ventricle to dimensions sufficient to entirely destroy voice production and seriously embarrass respiration.

After the articles on this subject by Moxon, Morell Mackenzie, Lefferts, Massei, Waldenburg, Gruber, J. Solis-Cohen, John N. Mackenzie, and Elsberg, literature so familiar, it would be but mere repetition to go into a de-

* Read before the American Laryngological Association at its eighth annual congress.

tailed general statement of the conditions so minutely described by these authors as met with in displacement of the ventricles.

Five cases in all have been seen by the writer: two of these examples of eversion, and three of simple prolapse of varying extent.

CASE I.—W. W., aged twenty-five, railroad clerk. His family history is good; father died of paralysis, aged sixty-two years; mother living, aged fifty-five. In all, ten children were born, eight still living, varying in age from seventeen to thirty-three years, while two died in infancy.

In March of 1883 the patient contracted a bad cold, accompanied by severe cough, but is quite positive that his voice was not then affected. In May of the same year he consulted his usual medical attendant about his condition, and was prescribed an ordinary linctus. In the following June hoarseness *gradually* developed, and continued with aggravation up to the time of his first visit.

On January 30, 1884, when he came under notice, there was evidence of impaired general health, speaking fatigued him, produced local irritation, and provoked fits of a dry, rasping cough. In walking his breathing was difficult, and altogether the man presented the appearance of one whose air-supply was less than normal. His voice was almost extinct. On examination, the larynx and surrounding parts were found to be intensely congested and the arytenoid bodies swollen.

On full inspiration, the right vocal cord was found discolored, thickened, and eroded, and was visible throughout its length, but not its breadth. The line of separation between the cord and the ventricular band was absent, but its situation was occupied by a red flesh-like roll of almost equal dimensions throughout its course.

The left vocal cord, on full inspiration, was invisible through its entire length, and its field was covered by a fold of red tissue tapering at either extremity.

On phonation, these bodies retracted somewhat, meeting, however, at their central point, gradually shading off anteriorly

and posteriorly, and having small triangular spaces with the apices directed inward, through which the vocal cords were with difficulty visible.

On attempting a high note, the displaced ventricles were forced still farther apart, the ventricular bands advancing, in order, as it were, to re-enforce the vocal cords. A chest examination detected no signs of pulmonary disease. There had been a progressive loss of weight and strength.

Local treatment was carried out steadily for sixteen months, with satisfactory results, as far as the general condition of the larynx was concerned, but with little material improvement to the prolapsed ventricles.

In May, 1885, treatment was omitted for four months, owing to the writer's absence in Europe. The patient followed out his instructions either ineffectually or unfaithfully, for, when he was examined in October of that year, a large mass, presumably tuberculous, had developed on the laryngeal face of the right arytenoid, extending somewhat into the commissure. The lungs also showed well-marked signs of deposit, while the general health had greatly suffered.

Under careful treatment, this mass has since almost entirely disappeared, the ventricles still retaining their abnormal position.

This case was exhibited at the last fortnightly meeting of the Medico-Chirurgical Society, at Montreal, in April of this year.

CASE II.—Mrs. R., an old subject of specific disease, had been under observation some years previously for caries of the jaw. This woman was admitted into the Montreal General Hospital in an insensible condition, with well-marked convulsive movements of the right side of the body. After partial recovery, her attendant requested a laryngoscopic examination to account for aphonia and stridulous breathing, evidently suspecting a central lesion as the cause. The right sacculus was found completely everted, and protruded beyond the median line. This accident must have occurred during the eclampsia, as previously, though her voice had suffered from old laryngeal syphilis, there

had been no difficulty in breathing. Post mortem, the right wing of the thyroid showed signs of old disease, and the ventricle was found completely everted.

CASE III.—H. D., aged thirty-two, a cab-driver, contracted syphilis in October, 1874, and had remained under treatment for several months.

On February 11, 1884, he applied for relief for aphonia and attacks of suffocation. On examining the larynx, there was noted eversion of the right ventricle which covered the corresponding cord completely on quiet respiration, and on full inspiration protruded far beyond the median line. On attempted phonation, it receded somewhat within the ventricular opening.

On examining the scalp, large syphilitic ulcers were found.

Astringent sprays were applied locally, and full doses of iodide of potassium, increased *guttatim*, were ordered. During the six or eight weeks that the patient remained under observation some slight improvement followed. The man passed from under notice, and was not again seen until the 29th of April, 1885 (rather more than a year afterward), when sent for for purposes of class demonstration. The ventricle was found to have *spontaneously* repositied itself, and but very slight traces of prolapse existed. He stated that, shortly after his last visit, he had contracted acute articular rheumatism, and during the illness the breathing had gradually improved; the voice, however, owing to chronic catarrhal causes, still remained hoarse. This case seems remarkable, if not unique, and mainly induced the publication of these records.

CASE IV.—M. B., a railroad contractor, came under treatment last winter for laryngeal stenosis. He had contracted syphilis eighteen years before; in the course of the disease his larynx was involved, and he had been aphonic ever since. On examination, the left vocal cord was found wanting, and a small, pale, pink roll (prolapse) above its level represented it. The voice, such as it was, was produced by the ventricular band of the affected side, probably assisted by the prolapsed ventricle.

CASE V.—T. P., aged twenty-nine, barber by trade, a subject of pulmonary tuberculosis, was referred from the wards of the Montreal General Hospital during the past winter for examina-

tion and report. There were laryngeal signs of tuberculosis and commencing ulceration. Both laryngeal ventricles were found prolapsed, obscuring the vocal cords through four fifths of their breadth. Applications of a weak solution of chloride of zinc, and insufflations of iodoform, morphine, and gum acacia gave decided relief.

In deciding upon the character of these cases, the means employed were palpation and ability to replace with a laryngeal probe, as well as the observation of partial retirement on phonation. Some of the cases reported as prolapse have been, in point of fact, cases of eversions proper. The terms prolapse and eversion have been, to some extent at least, used synonymously, and hence the creation of some confusion. The conditions which favor displacement, if we exclude pressure from without from whatever cause, the violence of coughing, and that of spasmodic attacks, seem to be various constitutional states which play an important rôle in its production. In the five instances under consideration, three examples occurred in individuals of syphilitic habit, while the remaining two were in subjects of tuberculosis.

Among the cases previously recorded by the authorities before named, cancer, tubercle, syphilis, or chronic catarrhal conditions prevailed.



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